					6	PE R								
In re a	pplication	of:	Peter (Gwyther	MA	y 0 7 2004	Ì		No.:JVS1 May 4, 2		000	P.A	TENT	
Social No. 10/045 220													ed	
Filed:	led: October 23, 2001								with the United States Postal Service on the date indicated below as first class mail in an envelope addressed to					
For: Spinal Cord Removal Tool with Adjustable							le	Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450						
Blades								Name: <u>Marian R. Capelli</u> Date: <u>May 4, 2004</u> Signature: <u>MAMAM R. Capella</u>						
						TECE	۱				- /			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RECEIVANAY 1 3 2004 VECHNOLOGY CENTER R3								Ó						
Sir:					P370	n								
Transn	nitted her	ewith	is an an	nendment	in the	above-ide	ntifi	, ed applic	cation.					
[X] S	[X] Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified													
statement previously submitted. [] A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed. [] No additional fee is required.														
The fee has been calculated as shown below:														
								Small Entity			Other Than Small Entity			
	(COL. 1)		(COL. 2)	10	(COL. 3)							-	
	REMAINII AFTER AMENDA			PREVIOUS PAID FOR	1	PRESENT EXTRA		RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE		
Total	*21		Minus	**21		=0		X\$ 9=	\$0		X\$ 18=	\$		
Indep.	* 1		Minus	*** 3		=0		X\$ 43=	\$0		X\$ 86=	\$		
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								X\$ 145=	\$		X\$ 290=	\$	1	
[] EXTENSION FEE									\$		·	\$]	
								Total	\$0		Or Total	\$		
*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.														
[X] To	erminal D	Disclair	ner – A	check in t	he an	nount of \$.	<u>55.(</u>	<u>)0</u> is encl	osed.					
С	FR §1.136	δ(a).				or a					•	-		
([X] Please charge my Deposit Account No. 04-0566 for any over or under payment of filing fees under 37 CFR §1.16 for presentation of extra claims, or patent application processing fees under 37 CFR §1.17. A duplicate copy of this sheet is attached.													
	Respectfully submitted, Anthony P. DeLio, Reg. No. 18,729													

JVS110126000amdcvrp